

LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES February 10, 2011



MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, Co-Chair	Dean Page	H. Avilez	Kyle Baker
Michael Johnson, Co-Chair	Angélica Palmeros	Miguel Fernandez	Carlos Vega-Matos
Sergio Aviña	Mario Pérez	Aaron Fox	Juhua Wu
Al Ballesteros	Karen Peterson	Joseph Green	
Robert Butler	Juan Rivera	Shawn Griffin	
Fredy Ceja	Stephen Simon	Tim Hughes	COMMISSION STAFF/CONSULTANTS
James Chud	Kathy Watt	Miki Jackson	
Nettie DeAugustine		Ayanna Kiburi	Dawn McClendon
Whitney Engeran-Cordova		Joseph Leahy	Jane Nachazel
Douglas Frye	MEMBERS ABSENT	Elizabeth Mendez	Glenda Pinney
David Giugni	Anthony Braswell	Joanne Oliver	Craig Vincent-Jones
Jeffrey Goodman	Carrie Broadus	Natalie Sanchez	Nicole Werner
Thelma James	Anna Long	Brigitte Tweddell	
Lee Kochems	Quentin O'Brien	Jason Wise	
Bradley Land	Tonya Washington-Hendricks		
Ted Liso	Jocelyn Woodard/Robert Sotomayor		
Abad Lopez	Fariba Younai		
Jenny O'Malley			

- 1. CALL TO ORDER: Mr. Johnson called the meeting to order at 9:15 am.
 - A. Roll Call (Present): Aviña, Ballesteros, Butler, Ceja, DeAugustine, Engeran-Cordova, Frye, Giugni, James, Johnson, Kochems, Land, Liso, Lopez, O'Malley, Page, Pérez, Peterson, Rivera, Simon, Watt

2. APPROVAL OF AGENDA:

MOTION 1: Approve Agenda Order with Item 19.C.1. Grievance Procedure postponed (Passed by Consensus).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve minutes from the 1/13/2011 Commission on HIV meeting (Passed by Consensus).

4. CONSENT CALENDAR:

MOTION 3: Approve Consent Calendar with Motion 4 pulled for election and Motion 6 withdrawn (Passed by Consensus).

- 5. PARLIAMENTARY TRAINING: There was no report.
- **6. PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

- 7. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.
- 8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.
- **9. CO-CHAIRS' REPORT**: The secondary committee assignment request form was included in the packet. It may also be used for express interest in task force membership.
 - A. Executive Committee At-Large Member Elections:
 - Mr. Johnson reported nominees were Ms. DeAugustine and Messrs. Aviña, Engeran-Cordova and Liso.
 - Mr. Engeran-Cordova withdrew his nomination and moved approval of the final slate.

MOTION 4: Elect Sergio Aviña, Nettie DeAugustine and Ted Liso as Executive Committee At-Large Members (*Passed by Consensus*).

- B. Commission Priorities Plan:
 - Mr. Johnson presented a revised plan with more detail added, and noted that it would continue to be revised. He suggested not using the term "reorganizing" because it seemed to suggest a something different that the Commission's decision to re-focus its priorities.
 - He encouraged all to review the plan through the lens of how services will be restructured, e.g., starting the migration of Medi-Cal-eligible Seniors and Persons with Disabilities (SPDs) into managed care on 6/1/2011.
- C. Commission FY 2011 Work Plan: There was no additional discussion.
- **10. EXECUTIVE DIRECTOR'S REPORT**: Mr. Vincent-Jones indicated that a copy of the 1/24/2011 presentation to the Quality and Productivity Commission (Q&P) was in the packet. The Q&P is funding publication of the standards.

11. HEALTH CARE REFORM/1115 WAIVER HEARING:

- Mr. Johnson reported that the Executive Committee had agreed to designate a set time each meeting for a hearing to
 discuss health care reform and related issues. They offer an opportunity for open dialogue on system changes and will
 include speakers on specific subjects as developments dictate and opportunities allow.
- He asked Mr. Pérez if he could provide clarity on the differing State and County estimates of SPDs living with HIV. Mr. Pérez felt the most prudent approach was to have consultants and experts on health reform lay a foundation for expectations. He felt a 6/1/2011 start for transition to managed care for SPDs debatable. State rules are not yet available. Mr. Johnson agreed it would be hard to begin implementation 6/1/2011, but noted the State is still using that date.
- He went on to say that it is important to allay consumer concerns with as many facts as possible. OAPP analyzed impact based on Ryan White system-reported income levels, but such data is not entirely complete or accurate. Julie Cross is working on it. OAPP met with Department of Public Health (DPH) leadership to ensure communication on evolving health reform implementation.
- Mr. Pérez continued that about 15,000 PWH receive medical care through the Ryan White system. Of those, about 70% earn 133% or less of Federal Poverty Level (FPL). Numbers must be adjusted down to reflect estimated undocumented PWH. Post-adjustment, about 7,500 PWH earn 133% FPL or less and 3,000 134% FPL or more.
- Some of the 133% FPL or less PWH will be part of Medicaid expansion with some 1,000 facing a change into managed care. The universe of managed care plans has not yet been defined, nor has the State set plan expectations, so most plans will postpone enrollment package development until details are clear. Those earning 134% FPL or more will likely be part of a health insurance exchange. Some 20,000 PWH receive care outside RW. OAPP is working to understand their demographics and options.
- There will eventually be five groupings of care post-September 2013. A Ryan White system may remain in place, but HRSA has not discussed how robust it will be for those who do not qualify for other systems. California is an early adopter of the second grouping: Medicaid expansion. Other groupings are: SPDs, health insurance exchange enrollees and patients in private systems of care.
- Ms. DeAugustine, Co-Chair, Health Care Reform (HCR) Task Force, reported that the HIV Medical Outpatient Provider (HMOP) Caucus had met the prior week. Several indicated the movement into managed care was being led by the Department of Health Services (DHS), rather than DPH even though OAPP is part of DPH. They urged increased dialogue with DHS. Ms. DeAugustine noted the HCR Task Force will help by bringing consumer and provider voices forward.

- Mr. Johnson indicated Dr. Joseph Cadden, Medical Director, LAC+USC, Rand Schrader HIV Clinic, and Chair, DHS, HIV Best Practices Committee, has confirmed he has approval to work with the Commission on planning. He added that the County is using the DHS Healthy Way LA Program for the Medicaid expansion as a bridge to 2014 reforms. It now has 68,000 enrolled with 52,000 to 54,000 active. The goal is to float up to 130,000 over the next three years. The County has not yet finished the major network development and certification. Final filings are due 2/18/2011.
- Mr. Page said his major concern is keeping his physician. Mr. Engeran-Cordova added it is important to recognize that the HIV system has created substantial provider expertise. He urged the Commission to articulate what specialized needs are for the HIV population and why it is important to address them.
- Mr. Ballesteros asked if Healthy Way LA targets PWH. Mr. Johnson said focus is on 6/1/2011 readiness, not specific populations. Mr. Ballesteros noted expanding medical care for those at or below 133% FPL is one of the best forms of HIV prevention. He urged advocacy for participation in the expansion to ensure high-risk populations are included. Mr. Johnson added DHS has stated it is moving toward an emphasis on specialty clinics. Since PWH commonly have co-morbidities, adequate planning is needed to ensure appropriate care that does not overburden the DHS system while maintaining Ryan White as payer of last resort.
- Mr. Engeran-Cordova urged advocacy with the Insurance Commissioner to ensure services including routine HIV testing. He noted the care system is complex and many HMOs are likely wary of developing plans for PWH who are expensive to insure.
- Mr. Vincent-Jones noted SOC planned a letter to the Insurance Commissioner urging the State to require managed care plans to adopt standards of care to ensure appropriate levels and quality of care.
- Ms. DeAugustine said the City of Long Beach Public Health Department offers services via State and County grants. It is a Medicare and Medi-Cal provider, but not part of an HMO. Local health jurisdictions want to link with the network of providers to maintain their expertise. Mr. Engeran-Cordova added that many providers relying heavily on Ryan White also lack those connections.
- Mr. Chud felt emphasizing HIV as a specialty could provide a care niche such as, e.g., cardiology. He added many physicians he has spoken to are benevolent toward low-income clients, but need support to consider managed care.
- Mr. Butler noted many PWH, especially those over 60 and with co-morbidities, use private care, but access Ryan White services for specialized needs. He suggested a summit on the subject. Mr. Johnson said the DHS Community Health Plan is the County's Medi-Cal managed plan. It is being transitioned into LA Care, which will run the County's Medi-Cal managed plan. He said it will be important to invite a speaker on that once the transition is better defined.
- Mr. Pérez said OAPP will update HMOP on current information in March. He supported a summit to discuss the universe of clients that could be impacted, as well as provider plans, e.g., some are whom are working toward alignment with LA Care and others are discussing how to serve SPDs. He added that we need to understand what Kaiser and the private insurance market will do, as well as what the State's Department of Managed Health Care intends to do and when. There is also a duty to look at all funding streams, e.g., many providers do not utilize Medicare Advantage opportunities.
- Mr. Johnson indicated he is not a DHS spokesperson, but reports on DHS updates to the Board reflected in public Board correspondence and available on the Board's website. He hoped a DHS spokesperson will be available in future to join the Commission.
- Mr. Land said Medi-Cal consumers have begun receiving letters that primarily identify medications that will not be covered under Medicaid. It is a particular problem for those with co-morbidities, as many of the medications have no other sources or reimbursement. Expenses mount as Medi-Cal co-pays, proposed ADAP co-pays, and out-of-pocket expenses accumulate.
- Mr. Engeran-Cordova reported ADAP co-pays had not been agreed to by the State legislature. He urged seeking out efficiencies where possible, e.g., chart reviews in some of Florida's EMAs found 30% of Ryan White clients were eligible for other payer sources. PWH are a small population seeking a voice in a large conversation on service access. He urged careful, measured, realistic messaging: issues specific to HIV, e.g., specialty care saves money over time by reducing hospitalization.
- Mr. Butler said he has received eight Medi-Cal letters full of contradictions. Two reinstated services disallowed last year, e.g., he can see an optometrist but not get glasses; he can have labs done but not get medications that they identify are needed. Medi-Medi clients once were assured of needed services, but now must choose among them. Efficiency and effectiveness are lacking. He added private insurance provide 60-90 days notice of changes, but he gets retroactive notices.
- Ms. Jackson said it appears the HIV system will largely be integrated into the broader Medi-Medi system. HIV needs specialty care, but others do as well. The HIV community has advocacy experience that can be used to improve care for all. The HIV community can make alliances that will benefit itself as well as the broader medical and consumer communities.
- Jonathan Freedman, Deputy Director, DPH, is OAPP's HCR expert and engages routinely in State and DHS discussions. Mr. Pérez reported it became apparent at their 2/4/2011 meeting that it would be prudent to convene all the Ryan White, DHS and private sector providers to address the changing landscape. He suggested DPH's active participation in the summit.

- Ms. DeAugustine will coordinate with JPP on how to articulate the need for local health jurisdictions and independent providers dependent on Ryan White funding to link into managed care networks so expertise is not lost.
- The Executive Committee will develop a managed care summit, including DPH participation and DHS presentation on the Healthy Way LA expansion.
- Include Board correspondence on HCR in monthly Commission packet.
- Initiate discussion with Dave Jones, Insurance Commissioner, on managed health care plans.

13. TASK FORCE REPORTS:

- A. Health Care Reform Task Force: Ms. DeAugustine, Co-Chair, encouraged people to join. It will begin to meet soon.
- **B.** Comprehensive Care Planning Task Force: Ms. Watt, Co-Chair, reported the Task Force has met three times. Writing topics have been assigned and work has begun.
- C. Commission/PPC Integration Task Force: Mr. Butler reported the next meeting is 2/14/2011, 2:00 to 4:00 pm.
- **D. Community Task Forces**: Mr. Vincent-Jones noted the Latino Caucus will not be formalized until approved by the Commission. Members have developed a work plan for presentation to the Commission at the March meeting.

14. STATE OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG):

- Mr. Goodman reported the CHP's new governance document will be addressed at its meeting the following week. He
 will present in March to the Commission and PPC on the CPG and its work.
- The CHP is a new model of community planning. Its primary focus is to create an integrated surveillance, prevention and care plan. It is also assessing its role in providing input on related issues.

B. Miscellaneous:

- Ayanna Kiburi, Chief, HIV Care Branch, reported the ADAP share-of-cost proposal in the Governor's Budget was
 rejected by the Senate Budget Committee. Mr. Engeran-Cordova noted the original savings estimate was \$18.6 million,
 a small portion of a \$500 million budget for the potential harm. He wished to be apprised of changing estimates.
- Mr. Pérez added a 3% savings is not cost-effective considering consumer harm and operational hurdles. He recommended seeking ADAP savings through efficiencies such as in the Pharmacy Benefit Management contract and pharmacy contracts.
- OA is working to complete all Local Health Jurisdiction (LHJ) contracts. Numerous contracts management system
 changes and a State hard-hiring freeze have caused delays. Los Angeles County does have an executed contract. LHJ
 Part B Progress Reports are due 2/14/2011. OA will provide technical assistance as needed.
- HIV Care Program Part B and MAI allocations are mostly completed and will go out to LHJs soon. Earlier distribution in 2010 will facilitate LHJ planning. Allocations will all be based on current funding pending grant awards. A new allocation table will be developed and distributed once the grant is received.
- HOPWA contracts will likely be extended for one or two years. OA hoped to revise the formula, but lacks the time.
- OA has begun planning for a new part of the grant, Early Identification of Individuals with HIV/AIDS (EIIHA). A small planning committee has been formed and will be working to coordinate efforts.
- HRSA released two funding announcements on 1/2/2011. One is a four-year, \$1 million Part B SPNS grant for linkage to care systems for high-risk individuals. OA is reviewing how to coordinate an application.
- OA will hold a 5/2/2011 stakeholder meeting to coordinate HCR efforts. Michelle Roland, Chief, is distributing invitations. There is an initial meeting invitation list, but additional invitations will follow, including to consumers.
- Ms. Kiburi noted written answers to questions from last month will be provided to Mr. Vincent-Jones by 2/11/2011.
- Ms. Kiburi will provide an update on the most recent share-of-cost savings projections.
- ➡ Ms. Kiburi will send stakeholder meeting information to Mr. Vincent-Jones who will keep the Consumer Caucus apprised.
 She will also check to see if the meeting will be open and ensure a clarification on attendance is sent out.
- Ms. Kiburi will clarify for Mr. Pérez whether stakeholder suggestions for alternate ADAP savings will be accepted.

15. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Jennifer Sayles, Medical Director, has resigned from the Commission. A new Part B OAPP seat recommendation is pending.
- Mr. Pérez indicated that OAPP's new monthly update with RFP updates from Michael Green, Chief, Planning Division, was in the packet.

- He reported that the Federal government is operating on a Continuing Resolution (CR). Consequently, 50% of the FY 2011 Ryan White Part A and MAI awards are expected at the end of February with the remainder to be calculated after the budget is signed.
- The SPA 1 single-site medical home model was launched 1/1/2011. He noted the Commission played an important role in shaping and allocating funds for the model. A transition process has begun with contracts for three existing Medical Outpatient (MO) providers extended, varying per provider, up to June 2011. OAPP is following client migration patterns.
- OAPP has worked with the Commission to re-allocate FY 2010 underspent funds. Contracts are being amended to increase
 funds for the Therapeutic Monitoring Program (TMP) for MO providers who are near full expenditures. Contracts are also
 being amended for Nutrition Support. The changes will ensure full expenditure of FY 2010 Part A funds.
- Mr. Pérez said the MOU finalization process continues. OAPP will provide final input by 2/28/2011. He added he had hoped to provide final input before the Commission meeting, but was unable to complete review in time.
- OAPP senior management is working with the Consumer Caucus to schedule the next HIV Services Roundtable for April 2011 in SPA 6. Potential dates will be forwarded to the Commission by close of business 2/14/2010.
- Ms. Jackson thought the MO fee-for-service RFP was on hold due to concerns that pending 2014 HCR would prompt redundant revisions. Mr. Pérez replied the MO peer review process continues with the last pieces due to OAPP by close of business 2/9/2010. OAPP plans to continue work on the SPAs 2-8 RFP with the fee-for-service model while addressing HIV financing issues. Adjustments will be made as needed, and work on the migration of clients is ongoing. He added that the fee-for-service contracting process relies heavily on performance to guide reimbursements.

16. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT: There was no report.

17. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt said the Annual Meeting was 2/3/2011 with strong community participation. Prevention history was reviewed
 and the future discussed through National HIV/AIDS Strategy and Testing and Linkage to Care, Treatment Plus (TLC+) lenses.
- The next Prevention Plan will be developed at PPC meetings rather than in separate planning group meetings, as previously. Meetings welcome the public and are the first Thursday of the month, 12:00 noon, at St. Anne's Maternity Home. Applications to join the PPC are available on its website.
- Mr. Engeran-Cordova noted AIDS Healthcare Foundation (AHF) wished to present on electronic data collection. Ms. Watt said anyone wishing to present can contact one of the Co-Chairs: Dr. Green, Josh Riley, Sophia Rumanes and Terry Smith.

18. CONSUMER CAUCUS REPORT:

A. Community Mobilization Plan:

- Mr. Land, Co-Chair, urged all to sign up in the Community Mobilization effort by completing the form in the packet—
 regardless of whether the person is a Commissioner, provider, consumer or just interested. Specific items, identified by
 asterisks, have to be completed. The form will be on the Commission's website soon.
- Mr. Aviña asked about Spanish language outreach. Mr. Land noted plans are still developing, but Spanish and other languages would be addressed as needed, e.g., with provider assistance or contracted translators.

MOTION 5: Approve Consumer Caucus' Community Mobilization Plan, as presented (*Passed as part of the Consent Calendar*).

19. STANDING COMMITTEE REPORTS:

A. Operations Committee:

- Membership Application Revisions: This item was postponed for further Committee review.
 MOTION 6: Approve revisions to the New Member, Renewal and Committee Member applications, as presented (Withdrawn).
- 2. Commission New Member Orientation: Orientation meetings will begin after the Commission's 3/10/2011 meeting.
- 3. Change in Meeting Day/Time: The new meeting date will be the second Monday of the month, 9:30 am to 12:30 pm.

B. Joint Public Policy (JPP) Committee:

Mr. Engeran-Cordova noted that, while the Senate voted against the ADAP co-payments proposal, the subject will
come back up when the main bodies address it. It is important to continue to advocate for alternate ways to save
funds.

On the Adult Film Industry, he updated that rules and regulations were referred to the Standards Board at the Cal-OSHA meeting 2/8/2011. Cal-OSHA has said repeatedly that condoms are required in adult films. The X-Biz Oscars were 2/9/2011 at the Pantages Theater across the street from AHF Corporate Headquarters. AHF obtained permits and demonstrated to support condoms as a routine part of the Industry.

C. Standards of Care (SOC) Committee:

- 1. Grievance Procedures: Dr. Younai will present on the subject at the March Commission meeting.
- 2. *Miscellaneous*: Ms. Watt asked if the published standards were intended for other systems of care. Mr. Vincent-Jones said it was the intention to urge that could be especially relevant for systems that do not now have HIV standards of care.

D. Priorities & Planning (P&P) Committee:

- Mr. Johnson said Mr. Vega-Matos presented on oral health services at the prior P&P Committee meeting. His presentation was included in the packet. He noted Dr. Green provided a Monthly OAPP Update which included a request for action on a couple of allocations. Those will be addressed at the 2/22/2011 meeting as there was insufficient time to agendize the discussion per Brown Act.
- Staff presented proposed revisions to the priority- and allocation-setting policy to shift to two-year allocation cycle, which is being reviewed and will be addressed at the next meeting. Ms. Watt clarified the proposed model would involve allocations both years, but with one year a more in-depth examination and the second year a review and revisions, as needed, of allocations, and would yield more time for in-depth subject studies.
- 20. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.
- 21. SPA/DISTRICT REPORTS: There were no reports.
- 22. COMMISSION COMMENT: Mr. Johnson thanked Mr. Engeran-Cordova for his years of service as JPP Co-Chair.

23. ANNOUNCEMENTS:

- Mr. Ceja announced AIDS Alliance for Children, Youth and Families is offering an ASCEND training on consumer response to unmet need, which is a key focus for the Consumer Caucus. Applications are due 2/18/2011.
- Staff will resend the training email and provide letters of reference if needed for the application.
- **24**. **ADJOURNMENT**: Mr. Johnson adjourned the meeting at 12:15 pm.
 - **A.** Roll Call (Present): Aviña, Bailey, Ballesteros, Butler, Ceja, Chud, DeAugustine, Engeran-Cordova, Giugni, Goodman, James, Johnson, Kochems, Land, Liso, Lopez, O'Malley, Page, Palmeros, Pérez, Peterson, Rivera, Simon, Watt

MOTION AND VOTING SUMMARY				
MOTION 1: Approve Agenda Order with Item 19.C.1.	Passed by Consensus	MOTION PASSED		
Grievance Procedure postponed.				
MOTION 2: Approve minutes from the 1/13/2011	Passed by Consensus	MOTION PASSED		
Commission on HIV meeting.				
MOTION 3: Approve Consent Calendar with Motion 4	Passed by Consensus	MOTION PASSED		
pulled for election and Motion 6 withdrawn.				
MOTION 4: Elect Sergio Aviña, Nettie DeAugustine	Passed by Consensus	MOTION PASSED		
and Ted Liso as Executive Committee At-Large				
Members.				
MOTION 5: Approve Consumer Caucus' Community	Passed as part of the Consent Calendar	MOTION PASSED		
Mobilization Plan, as presented.				
MOTION 6: Approve revisions to the New Member,	Withdrawn	Motion Withdrawn		
Renewal and Committee Member applications, as				
presented.				